 Attachment#	-,
Page	of

EXTENSION TO AGREEMENT

This Agreement is entered into this Day of October, 2002, by and between Leon County, Florida, a polatical abdivation of the State of Florida, hereinafter "County," and Apalachee Center for Human Services, hereinafter "Apalachee".

WITNESSETH

For and in consideration of the mutual covenants, restrictions, and representations set forth herein, the sufficiency of which is hereby acknowledged, County and Apalachee do hereby agree as follows:

- 1. County and Apalachee entered into an Agreement dated May 30, 1997, between County and Apalachee, which allows for changes to be made to the Agreement with prior written agreement signed by the parties thereto, the parties hereby agree to extend the Agreement to September 30, 2003, with option to renew for another agreed upon period.
- Apalachee agrees to submit a report to include demographic data and the number of clients served, clients denied admission and reason for denial and referral information on a quarterly basis and to submit invoices monthly.
- Apalachee agrees to comply with state statutes.

 Apalachee agrees to seek other funding from other local governing bodies per the statute.

 This agreement shall become effective upon full execution hereof by both parties.

IN WITNESS WHEREOF, the parties evidence their agreement through the execution of this AGREEMENT by their duly authorized signatories.

Apalachee Center for Human Services

WITNESS: Skippina 81, Telly

BY:

President

WITNESS:

DATE: 11/19/02

(CORPORATE SEAL)

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Extension to Agreement between Leon County, Florida Page 2	and Apalachee Center for Human Services Attachment # 4
STATE OF _FLORIDA_ COUNTY OF LEON_	
The foregoing instrument was acknowledged before me th	is 197H day of NOVEMBER, 2002.
By ROWALD P. KIRKLAND (Name of officer or agent, title of officer or agent	, of <u>APALACHEE CENTER</u> , (Name of corporation acknowledging)
a FLORIDA corporation, or (State or place of incorporation)	
He/she is personally known to me or has produced	(type of identification)
NOL	ORALEIGH DIEHM WIECZORES Print, Type or Stamp Name of Notary Print, Type or Stamp Name of Notary No. May 20 Florida
Con	Signature of Notary Signature of Notary Print, Type or Stamp Name of Notary Print, Type or Rank Title or Rank
	Title or Rank
	Serial Number, If Any
	LEON COUNTY, FLORIDA
	BY: Jany Lynd Tony Styppa Chairman
LEUN	Board of County Commissioners DATE: /2/16/0 U
ATTEST: BOB INZER, CLERK OF THE COURT LEON COUNTY, FLORIDA	
By:	

APPROVED AS TO FORM 7 LEGIN COUNTY ATTORNEY

> Herbert W.A. Thiele, Esq. County Attorney